



NAVAJO COUNTY
PUBLIC WORKS DEPARTMENT
PLANNING & ZONING

STAFF REPORT

BOARD OF ADJUSTMENT

HEARING DATE: July 8, 2015

CASE NO: 15-18

ACTION: Use Permit

APPLICANT/OWNER: Ali Jaffar

PARCEL INFORMATION:

Address: 5196 White Antelope Trail, Snowflake

APN: 303-92-060B

Legal Desc: A portion of Section 14, Township 14 North, Range 22 East, of the Gila and Salt River Meridian, in the Snowflake area.

District: III

Parcel Size: 19.61 Acres

STATED REASON FOR REQUEST: The applicant suffers from environmental illnesses that make he and his wife extremely sensitive to chemicals, pesticides, perfumes and environmental pollutants. He would like to build a small room with a bathroom approximately 200 sq. ft. (caretakers quarters), to use as a backup, in addition to the existing primary residence. This would allow them to live on the property when environmental mishaps occur and do not allow them to stay in the main home.

BACKGROUND & DISCUSSION: The RU-20 District allows for caretakers quarters subject to the approval of a Use Permit through the Board of Adjustment.

As the proposed Use Permit is allowed, subject to meeting the requirements of the Zoning Ordinance and other applicable regulations, staff has received one email from an adjacent neighbor in support of the Use Permit, and is not aware of any public or other objections. Staff supports granting the Use Permit.

NAVAJO COUNTY ORDINANCES, PLANS, & REGULATIONS:

ZONING DISTRICTS:

RU-20: The primary purpose of this Rural-20 zoning is to conserve and protect open land uses, foster orderly growth in rural areas, and prevent urban agricultural land use conflicts. The purpose of requiring large minimum parcels of not less than twenty (20) acres in area is discourage small lot or residential subdivisions where public facilities such as water, sewage disposal, parks and playgrounds, and governmental services such as police and fire protection are not available or could not reasonably be made currently available. Uses permitted in this zoning district include both farm and non-farm residential uses, farms, and recreational and institutional uses.

ZONING ORDINANCE:

- Article 28 / Section 2802.3: Board of Adjustment / Powers and Duties
 3. *Use Permits. The board may grant use permits as permitted by the regulations applicable to the zoning district in which the property is located. No use permit shall be granted unless the board finds that the use and the manner of conducting it (including any associated buildings or structures) will be consistent with the intent and purposes of the Zoning Ordinance and will not be detrimental to persons residing or working in the vicinity, to adjacent property or the neighborhood in general, or to the public welfare. In granting a use permit, appropriate conditions to preserve the intent and purposes of the Zoning Ordinance may be prescribed (including, without limitation, the acquisition of right-of-way for street widening purposes in accordance with the recommendations of the Public Works Department if it appears that the use would increase traffic congestion). Unless otherwise stated on the permit, a use permit shall be permanent and shall run with the land.*

GENERAL CHARACTER OF AREA: This parcel is located in an area of sparsely populated single-family residential homes.

REVIEWING AGENCY COMMENTS:

ENGINEERING:

Engineering Staff has no objection to the proposed Use Permit given that the recommendations made by the Staff are met.

Initial: W.R.B.

FLOOD CONTROL:

The Flood Control staff has reviewed the application for a Use Permit on the subject parcel. A review of the FEMA floodplain map shows that this property is not in a floodplain. The Flood Control Staff has no objection to the proposed Use Permit.

Initial: W.R.B.

IN SUMMARY:

The Planning staff has reviewed the Use Permit request and determined it is ready for Board action.

Initial: P.S.

PUBLIC WORKS DEPARTMENT RECOMMENDATION: Should the Board grant this request for a Use Permit, staff recommends the following conditions be applied:

1. The applicant shall obtain all required Navajo County permits, including but not limited to, building, septic system, grading, and drainage permits, prior to occupancy of the guest/caretaker's quarters.
2. The caretaker's quarters shall not at any time be used as a rental unit.
3. Prior to occupancy of the caretaker's quarters, the applicant is to provide documentation to Navajo County that the septic system complies with all applicable Navajo County requirements.
4. The use of the caretaker's quarters shall comply with all Navajo County regulations and all applicable provisions of Section 402.18 of the Navajo County Zoning Ordinance.

REVIEWING AGENCY COMMENTS:

ENGINEERING:

Engineering Staff has no objection to the proposed Use Permit given that the recommendations made by the Staff are met.

Initial: W.R.B.

FLOOD CONTROL:

The Flood Control staff has reviewed the application for a Use Permit on the subject parcel. A review of the FEMA floodplain map shows that this property is not in a floodplain. The Flood Control Staff has no objection to the proposed Use Permit.

Initial: R.P.

COUNTY ATTORNEY:

The County Attorney has no issues as long as the property is not used to generate income or used as a rental unit. The applicant must obey all local, State and Federal laws and regulations.

Initial: BSC

IN SUMMARY:

The Planning & Zoning staff has reviewed the Use Permit request and determined it is ready for Board action.

Initial: P.S.

PUBLIC WORKS DEPARTMENT RECOMMENDATION: Should the Board grant this request for a Use Permit, staff recommends the following conditions be applied:

1. The use of the guest quarters shall comply with all Navajo County, State, Federal regulations and all applicable provisions of the Navajo County Zoning Ordinance.
2. The applicant shall obtain all required Navajo County permits, including but not limited to, building, septic system, grading, and drainage permits, prior to occupancy of the guest quarters.
3. Prior to occupancy of the guest quarters, the applicant is to provide documentation to Navajo County that the septic system complies with all applicable Navajo County requirements.
4. All drainage and grading issues shall be addressed to the satisfaction of Navajo County Public Works prior to obtaining building permits.
5. While two dwellings exist on the property, neither one of them shall ever be rented.

RESOLUTION NO. 15-03B

A RESOLUTION OF THE NAVAJO COUNTY BOARD OF ADJUSTMENT, APPROVING A USE PERMIT

WHEREAS, the Navajo County Board of Adjustment is authorized by Section 2802(3) of the Navajo County Zoning Ordinance to grant Use Permits upon the terms and conditions set forth therein; and

WHEREAS, at a duly noticed public hearing held this date the Board of Adjustment determined that the following Use Permit should be approved subject to the conditions set forth herein:

OWNER: ALI JAFFAR

PARCEL: NAVAJO COUNTY ASSESSOR'S PARCEL NO. 303-92-060B IN SECTION 14, TOWNSHIP 14 NORTH, RANGE 22 EAST, G&SRM, NAVAJO COUNTY, IN THE SNOWFLAKE AREA.

LEGAL DESCRIPTION: See Warranty Deed recorded in the Office of the Navajo County Recorder at Fee No. 2014-12898

DENIED USE: A PRIMARY DWELLING WITH THE ADDITION OF PERMANENT CARETAKER'S QUARTERS.

NOW, THEREFORE, BE IT RESOLVED by the Navajo County Board of Adjustment that a Use Permit for the above-described use on the subject parcel is hereby APPROVED subject to the following conditions:

1. The use of the caretaker's quarters shall comply with all Navajo County, State, Federal regulations and all applicable provisions of the Navajo County Zoning Ordinance.
2. The applicant shall obtain all required Navajo County permits, including but not limited to, building, septic system, grading, and drainage permits, prior to occupancy of the guest quarters.
3. Prior to occupancy of the guest quarters, the applicant is to provide documentation to Navajo County that the septic system complies with all applicable Navajo County requirements.
4. All drainage and grading issues shall be addressed to the satisfaction of Navajo County Public Works prior to obtaining building permits.
5. While two dwellings exist on the property, neither one of them shall ever be rented, or generate income.

The Secretary shall transmit this Resolution to the Navajo County Recorder's Office for recordation.

PASSED AND ADOPTED by the Navajo County Board of Adjustment on _____,

with a vote of ____ yeas, ____ nays.

Chairman

Navajo County Board of Adjustment

ATTEST:

Secretary

RESOLUTION NO. 15-03B

A RESOLUTION OF THE NAVAJO COUNTY BOARD OF ADJUSTMENT, DENYING A USE PERMIT

WHEREAS, the Navajo County Board of Adjustment is authorized by Section 2802(3) of the Navajo County Zoning Ordinance to grant Use Permits upon the terms and conditions set forth therein; and

WHEREAS, at a duly noticed public hearing held this date the Board of Adjustment determined that the following request for Use Permit should be denied:

OWNER: ALI JAFFAR

PARCEL: NAVAJO COUNTY ASSESSOR'S PARCEL NO. 303-92-060B IN SECTION 14, TOWNSHIP 14 NORTH, RANGE 22 EAST, G&SRM, NAVAJO COUNTY, IN THE SNOWFLAKE AREA.

LEGAL DESCRIPTION: See Warranty Deed recorded in the Office of the Navajo County Recorder at Fee No. 2014-12898

DENIED USE: A PRIMARY DWELLING WITH THE ADDITION OF PERMANENT GUEST QUARTERS.

NOW, THEREFORE, BE IT RESOLVED by the Navajo County Board of Adjustment that a Use Permit for the above-described use on the subject parcel is hereby DENIED.

The Secretary shall transmit this Resolution to the Navajo County Recorder's Office for recordation.

PASSED AND ADOPTED by the Navajo County Board of Adjustment on _____.

Bill Arendell, Chairman
Navajo County Board of Adjustment

ATTEST:

Kristyn Saunders, Secretary

The Secretary shall transmit this Resolution to the Navajo County Recorder's Office for recordation.

PASSED AND ADOPTED by the Navajo County Board of Adjustment on _____,

with a vote of ____ yeas, ____ nays.

Bill Arendell, Chairman
Navajo County Board of Adjustment

ATTEST:

Kristyn Saunders, Secretary

NAVAJO COUNTY PUBLIC WORKS DEPARTMENT
PLANNING & ZONING

Post Office Box 668 - 100 East Code Talkers Drive
Holbrook, Arizona 86025
(928) 524-4100 FAX (928) 524-4122

APPLICATION
USE PERMIT

OWNER INFORMATION:

OWNER'S NAME: ALI JAFFAR
AGENT/POINT OF CONTACT: 779 314 1333
CONTACT PHONE NO.: _____ FAX NO.: _____
MAILING ADDRESS: 5196 White Antelope
CITY: Snowflake STATE: AZ ZIP CODE: 85937

SUBJECT PARCEL INFORMATION:

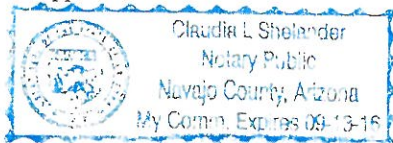
LEGAL DESCRIPTION: T 14 N - R 22 E, SECTION 14, ASSESSOR PARCEL NO.: 303-92-060B
SUBDIVISION NAME: Ranch of the White Mountains LOT: _____
RURAL ADDRESS: 5196 White Antelope Rd. AREA: _____
PARCEL SIZE: 19.61 Acres DATE OF OWNERSHIP: 9-26-14
PRESENT USE OF PROPERTY: Single Family
PROPOSED USE: _____
GENERAL DIRECTION TO PARCEL: _____

CURRENT ZONING: (Please check appropriate Zoning Classification)

☐ A-Gen ☐ RU-20 ☐ RU-10 ☐ RU-5 ☐ RU-1 ☐ R1-43 ☐ R1-10
☐ R-2 ☐ R-3 ☐ C-R ☐ I-1 ☐ I-2 ☐ Special Development

OWNER'S AFFIDAVIT:

I, (print name) _____, being duly sworn, depose and say that I am an owner of the property involved in this application and that the information herewith submitted is true and correct to the best of my knowledge.



STATE OF ARIZONA)
COUNTY OF Navajo)

Sworn and subscribed before me on this 15th Day of June, 2015

Claudia L. Sholander
Notary Public

[Signature]
Owner's Signature

9-13-2016
My Commission Expires

June 15, 2015

Dear members of the commission,

Thank you for considering our request. Both me and my wife suffer from type of illness know as Multiple Chemical Sensitivity (MCS). This type of chronic illness requires having special housing along with avoidance of chemicals including pesticides, VOC's, perfumes and environmental pollutants. After moving couple of times we decided to move to snowflake because there was a specially built house which my wife (who has a very severe form of MCS) could tolerate. In addition there is a small community mostly in our neighborhood, of individuals who suffer from this illness.

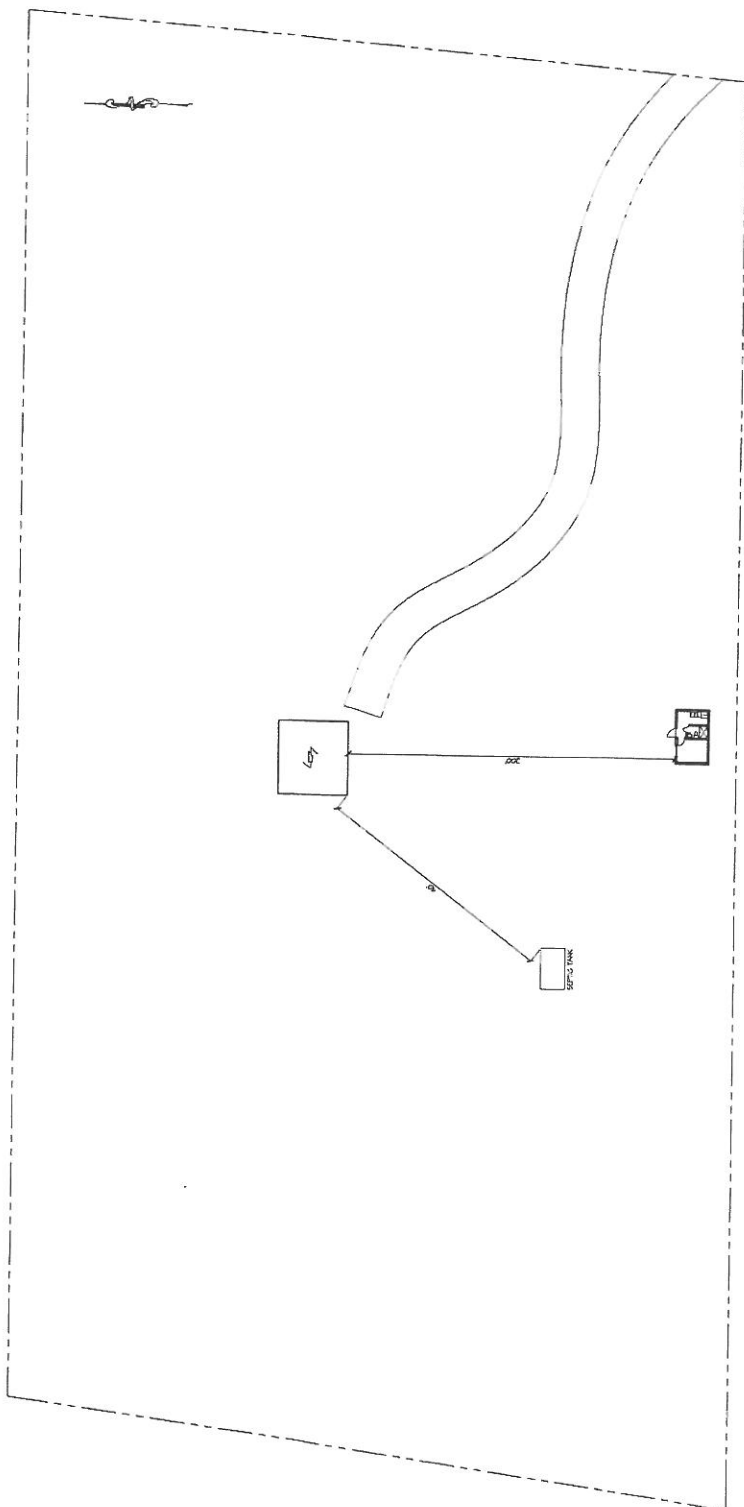
At present, we are interested in building a small room that consists of just one room and a bathroom (attached) that can be used as a backup incase something was to happen in the main house. My wife had to live at one point in the car for 4 months in and on another occasion she was living at another friend's house down the street for weeks due to a small burn in the kitchen. To avoid going thru that experience and many others like it we are requesting permission to build this back up accommodation. We are planning on using mostly concrete/ blocks for construction material and don't plan to live in it unless we have an emergency situation in the house. Upon request, I will be glad to provide a doctors letter indicating the necessity of such accommodation.

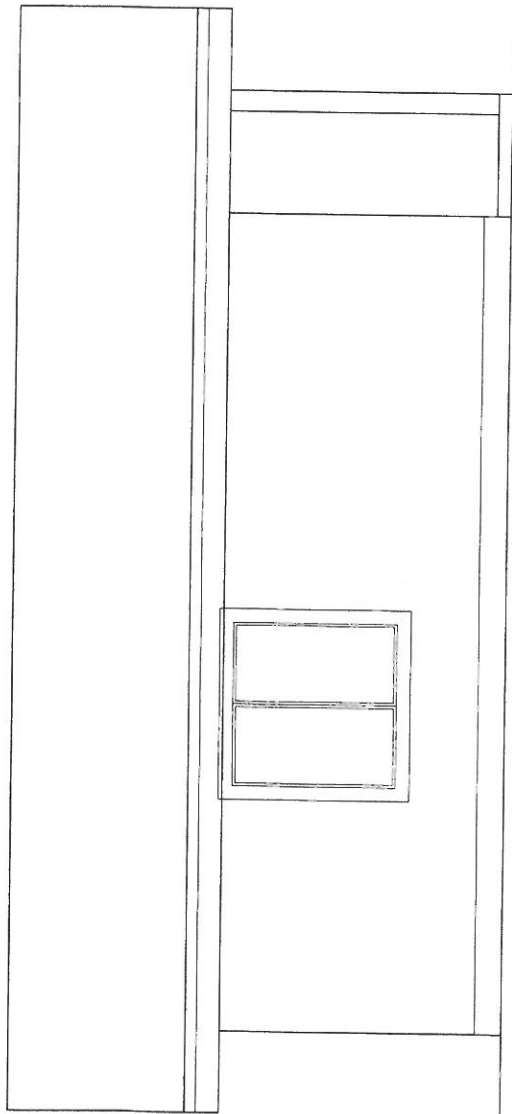
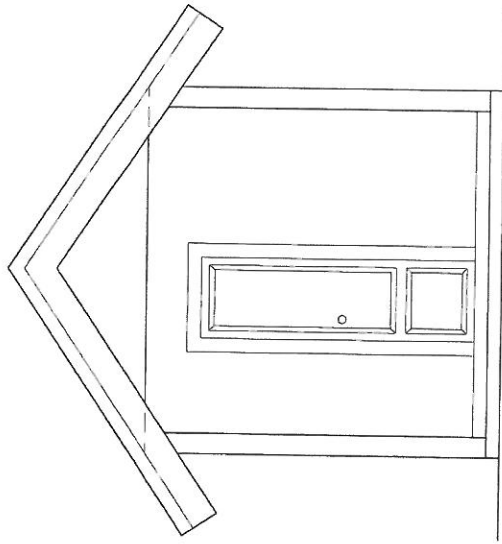
Thank you for your time,

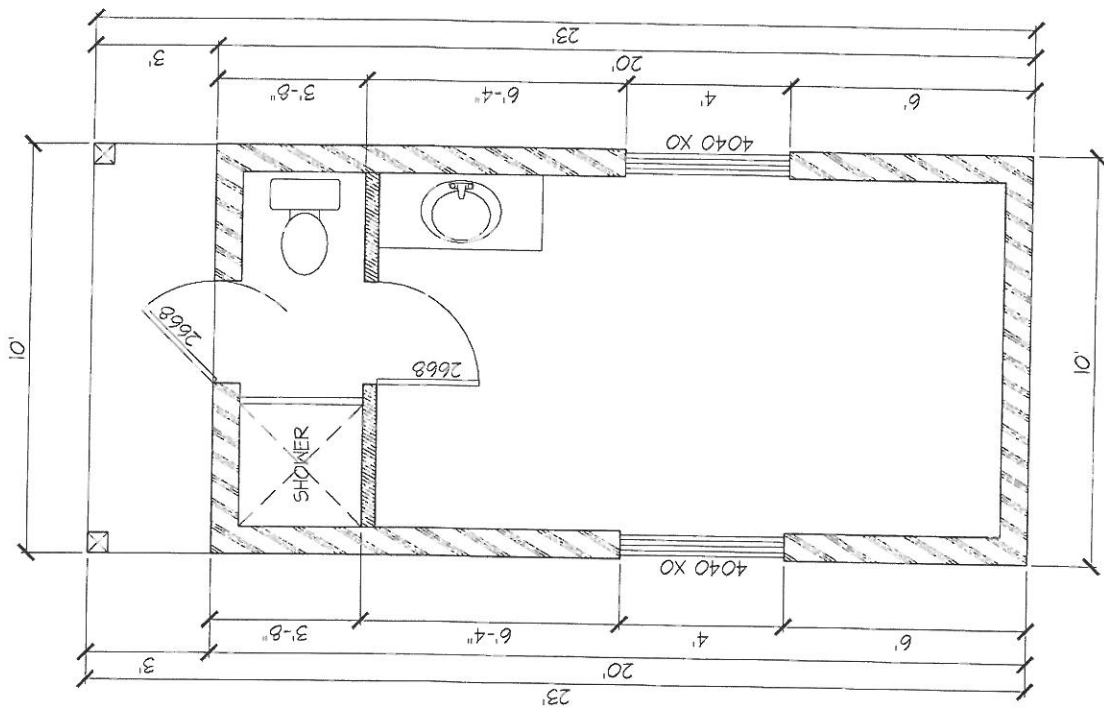
Sincerely,

Ali Jaffar

SITE PLAN







WHITE MOUNTAIN TESTING INC

P. O. Box 845
Taylor, AZ 85939

Invoice

Phone (928) 536-2659
Fax (928) 536-2659

DATE	INVOICE #
9/24/2014	8175

BILL TO

Century 21 Sara Reidhead
Kevin Dunn
537 S. Main
Snowflake, AZ. 85937
kevindunn222@gmail.com

APN / ADDRESS

5196 White Antelope Rd.
Snowflake
Lawyers Title/ Betsy
bbuttyan@ltic.com

TERMS

Due on receipt

DESCRIPTION	RATE	AMOUNT
Septic Inspection & Pumping	550.00	550.00
Payments/Credits		\$0.00
Please remit to: White Mountain Testing P.O. Box 845, Taylor, AZ. 85939		Balance Due \$550.00



REPORT OF INSPECTION OF AN ON-SITE WASTEWATER TREATMENT FACILITY

1 PROPERTY INFORMATION (All fields are required)

Address 5196 White Antelope RD County NAVAJO
City SNOWFLAKE AZ Zip 85939 ☒ Residential property ☐ Non-residential property

2 CURRENT OWNER INFORMATION (All fields are required)

Name _____
Mailing Address _____
City _____ State _____ Zip _____

3 INSPECTOR INFORMATION (All fields are required)

Inspector Name VANCE MUDER NAWT Inspector No. 79589 IC
Company Name WHITE MOUNTAIN TESTING INC.
Address P.O. Box 845
TAYLOR AZ 85939
Phone No. 928 - 536 - 2659 Fax _____ Email _____

4 INSPECTOR QUALIFICATIONS (Inspectors must fill out Section A, and check at least one box in Section B)

A. Coursework requirement		
Name of ADEQ-approved Course: <u>UA/NAWT Soil + Site Eval. for OSWW</u>		
City where Course was taken: <u>CAMP VERDE AZ</u>		Date Completed: <u>10-29-13</u>
B. License/Registration (check at least one box)		
<input type="checkbox"/> Owner of a vehicle with a Human Excreta Collection and Transportation License (a Septage Hauler license), issued pursuant to A.A.C. R18-13-1103. Check one: <input type="checkbox"/> Owner of license; <input type="checkbox"/> Employee of licensed owner	Registration/License No.	Expiration Date
<input type="checkbox"/> Wastewater Treatment Plant Operator licensed pursuant to A.A.C. R18-5-101 through 116 (indicate type): <input type="checkbox"/> Grade 1; <input type="checkbox"/> Grade 2; <input type="checkbox"/> Grade 3; <input type="checkbox"/> Grade 4		
<input type="checkbox"/> Arizona Registered Sanitarian		
<input type="checkbox"/> Arizona Professional Engineer		
<input checked="" type="checkbox"/> Licensed Contractor (indicate type): <input checked="" type="checkbox"/> Residential B-4 or C-41; <input type="checkbox"/> Commercial A, A-12, or L-41; or <input type="checkbox"/> Dual KA or K-41	<u>ROC</u> <u>179575</u>	<u>10-2014</u>
<input type="checkbox"/> A person qualifying under another category designated by the Department (describe)		

5 DOCUMENTS CONSULTED (Answer as applicable)

Were facility permit, construction and/or operational records available? ☒ No ☐ Yes (indicate below)

A) ☐ Yes ☒ No Discharge Authorization (or Verification) issued on or after January 1, 2001 pursuant to R18-9-A301(D)(2)(c). If yes, indicate agency File No: _____ and date issued _____

B) ☐ Yes ☒ No Approval of Construction issued by ADEQ or its delegated County agency before January 1, 2001. If yes, indicate agency File No. _____ and date issued _____

C) ☐ Yes ☒ No Site plan, plot plan, "as-built" drawings, or similar documents (describe): _____

D) ☐ Yes ☒ No Documents relating to operation and maintenance (alternative systems)

E) ☐ Yes ☒ No Other (describe): _____

REPORT OF INSPECTION

TAX PARCEL NO: _____

DATE OF INSPECTION: 5/27/14**6 SITE AND USAGE INFORMATION (All fields are required)****A) Domestic Water Source:**

- ☐ Municipal System
☐ Private Water Company
☐ Shared Private Well
☒ Individual Private Well
☐ Hauled Water
☐ No Water

B) Approximate Property Size: 20 ☐ Square Feet ☒ Acres**C) Use of Property:**

- ☒ Dwelling or Other Residential
☐ Other (describe): _____

D) Occupancy/Use:

- ☒ Full Time
☐ Seasonal/Part time: About _____ % of year
☐ Intermittent
☐ Vacant
☐ Unknown

If dwelling, number of bedrooms: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐ 6 or more.

Number of on-site systems in use on this property?

☒ One (most common)☐ More than one (indicate number): _____Note: If more than one on-site system is in use on this property, a *Report of Inspection* form should be completed for each system.**E) Estimated Design Flow:** 450 gallons per day

Basis for design flow (check either 1 or 2):

☐ 1) Designated in permitting documents issued on or after January 1, 2001☒ 2) Calculated or estimated based on (check one):☒ For a dwelling, number of bedrooms times 150 gallons per day per bedroom☐ For a dwelling, fixture count as tabulated in A.A.C. R18-9-A314(4)(a)(i)☐ If not a dwelling, summation of unit flows from Table 1, Unit Design Flows (AAC. R18-9-E323)☐ Other (describe): _____**F) Evaluation of actual flow versus the design flow indicated in E:**☒ Actual flow does not appear to exceed design flow☐ Actual flow may exceed design flow due to:☐ Number of occupants (high occupancy)☐ Bedroom count (actual number of bedrooms appears greater than number upon which original design may have been based)☐ Fixture count☐ Water meter/usage records☐ Other (describe): _____☐ Unknown or could not be determined**G) Strength of sewage received by on-site wastewater treatment facility:**☒ Appears representative of typical residential sewage strength

Includes waste from kitchen garbage disposal?

☐ Yes ☐ No☒ Unknown or could not be determined.☐ Appears to exceed strength of typical residential sewage because _____☐ Appears to be weaker than typical residential sewage because _____☐ Unknown or could not be determined

7 GENERAL TREATMENT AND DISPOSAL WORKS INFORMATION (Complete either Section A or Section B)

The system consists of the following treatment and disposal technologies (check either column A or column B, and all applicable boxes in the selected column that describe the overall system).

SECTION A	SECTION B
<input checked="" type="checkbox"/> A) System constructed or authorized for Construction BEFORE January 1, 2001	<input type="checkbox"/> B) System authorized for construction ON OR AFTER January 1, 2001
<input checked="" type="checkbox"/> Conventional Septic Tank System <input checked="" type="checkbox"/> Septic Tank <input checked="" type="checkbox"/> Disposal Trench <input type="checkbox"/> Disposal Bed <input type="checkbox"/> Disposal by Chamber Technology <input type="checkbox"/> Disposal by Seepage Pit <input type="checkbox"/> Other: _____	<input type="checkbox"/> GP 4.02 Conventional Septic Tank/ Disposal System <input type="checkbox"/> Septic Tank <input type="checkbox"/> Disposal Trench <input type="checkbox"/> Disposal Bed <input type="checkbox"/> Disposal by Chamber Technology <input type="checkbox"/> Disposal by Seepage Pit
Alternative Systems (check all that apply) <input type="checkbox"/> Composting Toilet System <input type="checkbox"/> Pressure Distribution System <input type="checkbox"/> Gravelless Trench <input type="checkbox"/> Natural Seal Evapotranspiration Bed <input type="checkbox"/> Lined Evapotranspiration Bed <input type="checkbox"/> Wisconsin Mound <input type="checkbox"/> Engineered Pad System <input type="checkbox"/> Intermittent Sand Filter <input type="checkbox"/> Peat Filter <input type="checkbox"/> Textile Filter <input type="checkbox"/> Denitrifying System Using Separated Wastewater Streams (e.g., RUCK®) <input type="checkbox"/> Sewage Vault <input type="checkbox"/> Aerobic System <input type="checkbox"/> Nitrate-Reactive Media Filter <input type="checkbox"/> Cap System <input type="checkbox"/> Constructed Wetland <input type="checkbox"/> Sand-Lined Trench <input type="checkbox"/> Disinfection Devices <input type="checkbox"/> Surface Disposal <input type="checkbox"/> Subsurface Drip Irrigation Disposal <input type="checkbox"/> Design flow is 3,000 gpd or more <input type="checkbox"/> Other: _____	Alternative Systems (check all that apply) <input type="checkbox"/> GP 4.03 Composting Toilet System <input type="checkbox"/> GP 4.04 Pressure Distribution System <input type="checkbox"/> GP 4.05 Gravelless Trench <input type="checkbox"/> GP 4.06 Natural Seal Evapotranspiration Bed <input type="checkbox"/> GP 4.07 Lined Evapotranspiration Bed <input type="checkbox"/> GP 4.08 Wisconsin Mound <input type="checkbox"/> GP 4.09 Engineered Pad System <input type="checkbox"/> GP 4.10 Intermittent Sand Filter <input type="checkbox"/> GP 4.11 Peat Filter <input type="checkbox"/> GP 4.12 Textile Filter <input type="checkbox"/> GP 4.13 Denitrifying System Using Separated Wastewater Streams <input type="checkbox"/> GP 4.14 Sewage Vault <input type="checkbox"/> GP 4.15 Aerobic System <input type="checkbox"/> GP 4.16 Nitrate-Reactive Media Filter <input type="checkbox"/> GP 4.17 Cap System <input type="checkbox"/> GP 4.18 Constructed Wetland <input type="checkbox"/> GP 4.19 Sand-Lined Trench <input type="checkbox"/> GP 4.20 Disinfection Device <input type="checkbox"/> GP 4.21 Surface Disposal <input type="checkbox"/> GP 4.22 Subsurface Drip Irrigation Disposal <input type="checkbox"/> GP 4.23 Design flow from 3,000 to less than 24,000 Gallons Per Day (4.23 GP)
Date of Construction: _____ Based on: <input type="checkbox"/> Permitting documentation <input type="checkbox"/> Other documentation <input type="checkbox"/> Estimated <input type="checkbox"/> Unknown Construction Date	Date of Discharge Authorization for system (or Verification if issued from 1/1/2001 through 12/11/2005): _____

- C) Date of last inspection and/or pumping of septic tank: _____ / _____ / _____ ☒ Unknown
- D) Repairs or alterations to the facility since original installation? ☐ Yes ☐ No ☒ Unknown
- E) Is facility currently being serviced under a maintenance contract? ☐ Yes ☐ No ☒ Unknown

REPORT OF INSPECTION

TAX PARCEL NO: _____ DATE OF INSPECTION: 5/27/14**8 SEPTIC TANK INSPECTION AND PUMPING INFORMATION (for Conventional Septic Systems or Alternative Systems that use a Septic Tank)**A) Was the septic tank pumped as part of this inspection? ☒ Yes ☐ No

If No, septic tank was not pumped because:

- ☐ The septic tank was put into service less than 12 months before inspection
- ☐ Pumping or servicing was not necessary at the time of inspection based on manufacturer's written operation and maintenance instructions (applicable only to alternative technologies).
- ☐ No accumulation of floating or settled waste was present in the septic tank (may be applicable to certain remote or seasonal systems with little use).

Additional Information: _____

B) Septic tank material: ☒ Pre-cast concrete ☐ Fiberglass ☐ Plastic ☐ Other: _____
☐ Could not be determined

C) Liquid level in septic tank before pumping:

☒ Normal ☐ Below normal ☐ Above normal ☐ Could not be determined

D) Access openings in septic tank: ☐ One ☒ Two ☐ Three ☐ None ☐ Other (describe) _____

E) Number of compartments in septic tank: ☐ One ☒ Two ☐ Other (describe) _____F) Depth of soil cover over tank access port or riser: 18 inches or 1.5 feetG) Septic tank risers: ☐ Present ☒ Not presentH) Capacity of septic tank: 1250 gallons

Based on:

- ☒ Measurements/dimensions of tank ☐ Volume Pumped ☐ Estimate
- ☐ Capacity could not be determined

I) Scum/Sludge (measured before pumping):

- i) Tank depth (air-liquid interface to bottom of tank): 3 ft 10 inches
- ii) Primary (upstream) chamber: Scum depth 4 inches, Sludge depth 6 inches
- iii) Secondary (downstream) chamber: Scum depth 1 inches, Sludge depth 1 inches

J) Baffle or sanitary "T" material: ☐ Pre-cast concrete ☐ Fiberglass ☒ Plastic ☐ Clay
☐ Other: _____

K) Condition of baffles and sanitary "Ts":

- i) Inlet baffle or "T": ☒ Functional ☐ Not functional ☐ Not present ☐ Not determined
- ii) Outlet baffle or "T": ☒ Functional ☐ Not functional ☐ Not present ☐ Not determined
- iii) Interior baffle: ☒ Functional ☐ Not functional ☐ Not present ☐ Not determined

L) Is there evidence of leakage into septic tank (infiltration)? ☐ Yes ☐ No ☐ Could not be determinedM) Is there evidence of leakage out of the septic tank (exfiltration)? ☐ Yes ☒ No
☐ Could not be determinedN) Is there evidence of: ☐ Root invasion ☐ Cracks in tank ☐ Damaged lids or risers
☐ Other (describe): _____O) Is a sewer line cleanout present between building drain and septic tank? ☒ Yes ☐ No
☐ Not determinedP) Effluent filter: ☐ Present ☒ Not present ☐ Could not be determined ☐ Filter serviced.Q) Repairs or other maintenance done to septic tank as part of this inspection? ☒ No ☐ Yes
(describe at Item 12B)

REPORT OF INSPECTION

TAX PARCEL NO: _____ DATE OF INSPECTION: 5/27/14**9 DISPOSAL WORKS INSPECTION (All fields are required)**

A) Disposal is by:

- ☒ Trench
☐ Bed
☐ Chamber Technology
☐ Seepage Pit
No. of pits _____ ☐ Unknown
☐ Alternative disposal works technology (provide further details in Item 10E)
☐ Unknown or could not be determined

B) Is there evidence of disposal works malfunction? ☒ No ☐ Yes (check all applicable conditions observed):

- ☐ Wet areas
☐ Unusual green/lush vegetation
☐ Sewage smell
☐ Liquid discharges on surface
☐ Discharge pipes of unknown origin
☐ Impaired hydraulic capacity (backups)
☐ Erosion encroachment, eroded/damaged containment berm or drainage control feature
☐ Other (describe): _____

C) Any structural or drainage problems?: ☒ No ☐ Yes (check all applicable conditions observed):

- ☐ Localized surface settling
☐ Apparent root invasion
☐ Animal damage
☐ Other (describe): _____

D) Diversion valve or distribution box present? ☐ No ☒ Not determined ☐ Yes

If yes: Type of component:

- Opened for inspection? ☐ Yes ☐ No
Operational status? ☐ Functioning properly ☐ Not functioning properly
☐ Could not be determined (describe): _____

E) Are inspection ports present in disposal works? ☒ No ☐ Yes ☐ Not determined

i) If yes, number of functional ports: _____

ii) If yes, indicate depth (in inches) from top of each port to:

	Port 1	Port 2	Port 3	Port 4
Bottom of Port				
Wastewater / liquid surface				

F) Is a reserve disposal area available? ☒ Yes ☐ No ☐ Unknown or could not be determinedG) Repairs or other maintenance done to disposal works as part of this inspection? ☒ No ☐ Yes
(describe in Item 12B)

REPORT OF INSPECTION

TAX PARCEL NO: _____

DATE OF INSPECTION: 5/27/14**10 ALTERNATIVE SYSTEMS INSPECTION (ADDENDUM-- COMPONENTS AND APPURTENANCES)**

- A) Are there wastewater-containing tanks or vessels other than a septic tank? ☒ No ☐ Yes
If yes, were tank(s) or vessel(s) pumped as part of this inspection?
☐ Yes
☐ No, because the tank or vessel was put into service less than 12 months before inspection.
☐ No, because pumping or servicing was not necessary at the time of inspection based on manufacturer's written operation and maintenance instructions.
☐ No, because no accumulation of floating or settled waste was present in tank(s) or vessel(s).
- B) Is there a pump or pumps? ☒ No ☐ Yes (number) _____ ☐ Not determined
- C) Are there system controls (switches, alarms, fluid level controls, etc.)? ☒ No ☐ Yes ☐ Not determined
i) If yes, system settings were:
☐ Checked ☐ Not checked ☐ Adjusted (describe): _____
- D) Are there other mechanical components or appurtenances? ☐ Yes ☒ No ☐ Not determined
i) If yes, describe mechanical components and appurtenances: _____
- E) Are there any disposal works components other than trench, bed, chamber technology, or seepage pit?
☒ No ☐ Not determined ☐ Yes (describe): _____
- F) Describe any tests conducted, maintenance performed (other than pumping or adjustments of system controls), or repairs completed to any of the treatment or disposal components or appurtenances addressed in this Section: _____
- G) Repairs or other maintenance done to **components/appurtenances** as part of this inspection? ☒ No ☐ Yes
(describe in Item 12B) _____

11 OTHER COMMENTS

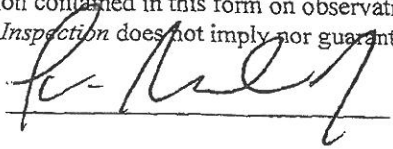
_____**12 INSPECTION SUMMARY (Check All That Apply)**

- ☒ A) Physical and operational condition of the on-site wastewater treatment facility, at time of inspection, appears to be:
☒ **Functional** ☐ **Functional with concerns** ☐ **Not Functional**
- ☐ B) Repairs were made as part of this inspection (describe): _____
- ☐ C) Repairs are recommended (describe): _____

13 INSPECTOR'S CERTIFICATION (Required)

I have inspected the physical and operational condition of the on-site wastewater treatment facility serving this property on the date indicated below. I have completed this *Report of Inspection* to the best of my knowledge, and have based the information contained in this form on observations and work performed at the time of inspection. However, this *Report of Inspection* does not imply nor guarantee any future performance of this facility in any way.

Inspector's Signature



Date of Inspection:

5/27/14**NOTE TO BUYER:**

Within 15 calendar days after the date of property transfer, the Buyer shall submit a complete *Notice of Transfer* form (<http://www.azdeq.gov/environ/water/permits/download/presale.doc>) for the change of ownership, and file it with the applicable agency indicated in the *Notice of Transfer* instructions. Information from this *Report of Inspection* form is needed to fill out the *Notice of Transfer* that must be submitted by the Buyer.

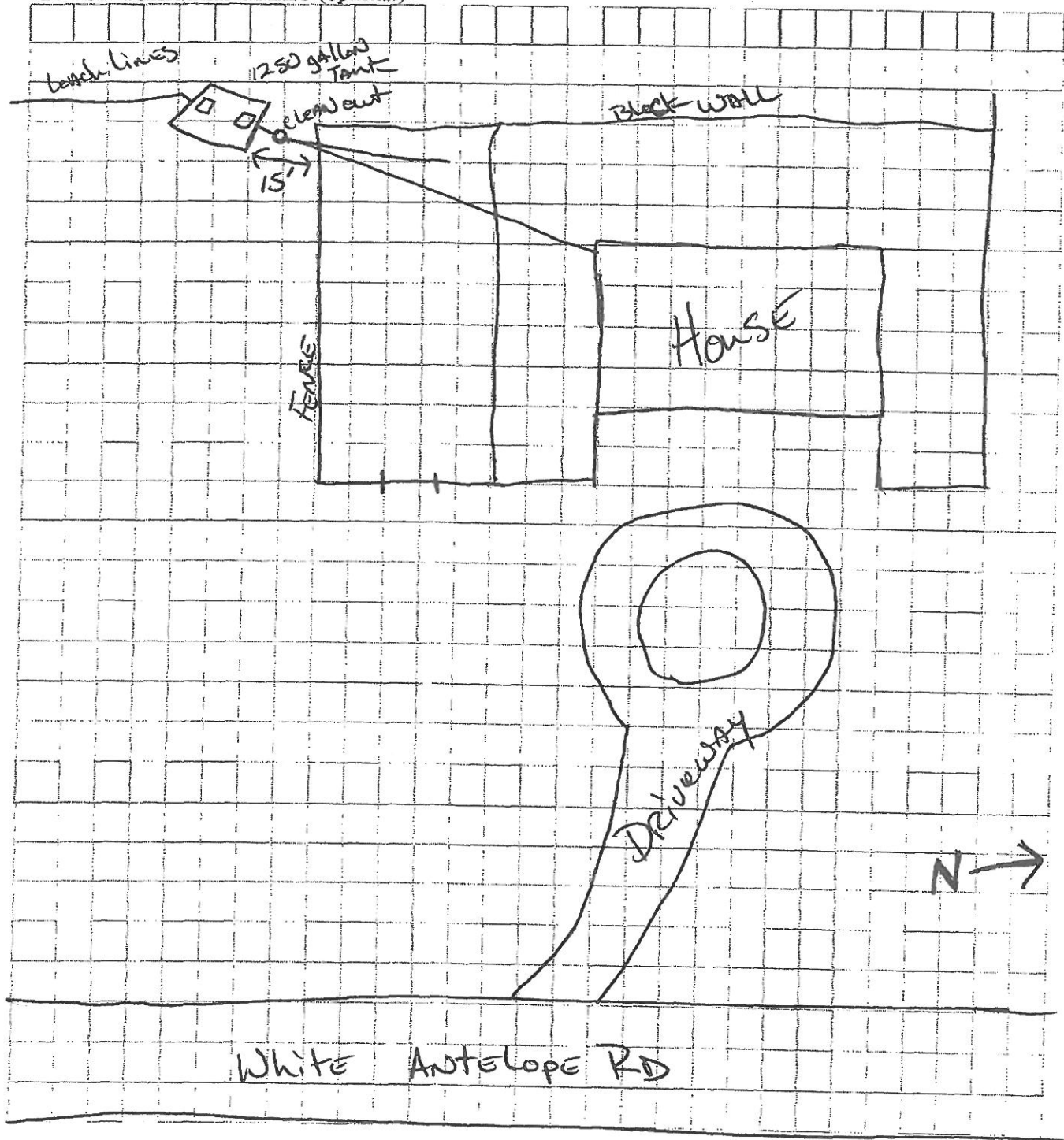
Effective February 2, 2007, you may be able to file your *Notice of Transfer* online. Go to the ADEQ web site at <http://www.azdeq.gov/environ/water/permits/onsitenot.html> for further information regarding this.

REPORT OF INSPECTION

TAX PARCEL NO: _____

DATE OF INSPECTION: 5/27/14

14 SKETCHES/PLANS/MAPS (Optional)





ENGINEERING REVIEW SECTION

INSTRUCTIONS FOR NOTICE OF TRANSFER FOR AN ON-SITE WASTEWATER TREATMENT FACILITY

OVERVIEW OF REQUIREMENTS AND PROCESS

Any person selling or transferring ownership of a property served by an on-site wastewater treatment facility (including a conventional septic tank system or alternative on-site wastewater treatment facility) must retain a qualified Inspector to inspect the facility within six months prior to transferring ownership of the property (Arizona Administrative Code, A.A.C. R18-9-A316). Typically, such an inspection is triggered by the resale of a home by an owner, whether with or without the assistance of a real estate professional.

The requirement to have the on-site wastewater treatment facility inspected within six months prior to property transfer is a provision of Arizona law, and takes precedence over any conflicting terms that may exist in any contract pertaining to the property transfer.

A person shall not use a cesspool for sewage disposal (per Arizona Administrative Code, A.A.C. R18-9-A309(A)(4)).

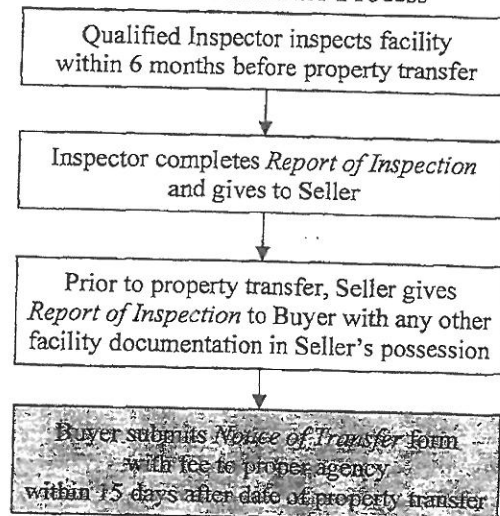
WHAT IS REQUIRED TO TRANSFER OWNERSHIP OF MY ON-SITE FACILITY?

An inspector that is qualified under A.A.C. R18-9-A316, must complete a *Report of Inspection* form and provide it to the seller as required by the Code. Any significant amount of waste must also be pumped from each tank. If there is more than one on-site system in use on the property, the Inspector shall complete a *Report of Inspection* form for each system.

Before the transfer date (closing date) of the property, the seller shall provide the buyer with the completed *Report of Inspection* form and any other documents they may have in their possession that relate to the permitting or operation and maintenance of the septic tanks systems or alternative on-site wastewater treatment facility.

Within 15 calendar days after the date of property transfer, the Buyer shall submit a completed *Notice of Transfer* form for the change of ownership, and file it with the proper agency indicated in the filing instructions.

Notice of Transfer Process



A qualified inspector will have available a current *Report of Inspection* form.

FILING BY MAIL For instructions to submit a *Notice of Transfer* form and fee by mail, see Page ii. Property buyers, or anyone submitting this *Notice of Transfer* form on their behalf, are required to completely and accurately fill out this form to the best of their knowledge.

FILING ONLINE You may also file your *Notice of Transfer* online. For further information, go to ADEQ website <http://www.azdeq.gov/enviroin/water/engineering/not.html>.

FILING INSTRUCTIONS

A Notice of Transfer is filed by the property assessor parcel number. A Notice of Transfer is required for each individual parcel and may include information for one or more treatment facilities on the parcel.

A separate transfer fee must be submitted for each parcel. Individual payment for two or more transfer fees will not be accepted and will be returned to the individual or company submitting the payment. The transfer fee is \$50 per parcel, regardless of the number of treatment facilities on the parcel.

When submitting an Onsite Wastewater Septic Treatment Facility Notice of Transfer (NOT) by mail, please complete the entire NOT form. Submittal of the seven-page Report of Inspection is not accepted as the two-page Notice of Transfer form. A Report of Inspection is for the confidential use of the transferor/seller and transferee/buyer. An incomplete form or a payment payable to a county agency received by ADEQ will be returned to the individual or company submitting the Notice of Transfer by mail.

FILING A NOTICE OF TRANSFER BY MAIL

The *Notice of Transfer* form and fee **must be filed with the proper county or state agency** when submitting an Onsite Wastewater Septic Treatment Facility *Notice of Transfer* by mail.

Pima County

ADEQ does **not** process Notice of Transfer submittals for properties located in Pima County. **Please contact Pima County Development Services** for information regarding Notice of Transfer submittals and fees at:

Pima County Development Services
Septic Counter – Pima County Notice of Transfer
201 N Stone Avenue
Tucson, AZ 85701
(520) 740-6520

Navajo County

For properties located in Navajo County, **ALL forms and fees** for a *Notice of Transfer* are to be **submitted to the state agency**, Arizona Department of Environmental Quality, and can be filed by mail or filed online. Make payment payable to "ADEQ" and mail with the completed form to the state agency address listed below.

All Other Counties

For properties located in all other counties, the proper agency to submit the *Notice of Transfer* form and fee to is **determined by the year of construction of the treatment facility**.

For a property with a treatment facility **constructed Before January 1, 2001**, submit the form and fee to the **state agency**. Make payment payable to "ADEQ" and mail with the completed form to:

Arizona Department of Environmental Quality
NOT Program – Fifth Floor
1110 West Washington Street
Phoenix, AZ 85007

For a property with a treatment facility **constructed On January 1, 2001 or After January 1, 2001**, submit the form and fee to the **county agency** in which the property is located. Make payment payable to the proper county agency listed below and mail with the completed form to the appropriate county agency address:

MAILING ADDRESSES FOR COUNTY AGENCIES

Apache County Community Development

P.O. Box 238
St. Johns, AZ 85936
Tel: (928) 337-7526

Cochise County Health Department Environmental Health Division

1415 W. Melody Lane, Bldg. A
Bisbee, AZ 85603
Tel: (520) 432-9440

CCHD-EQ

Coconino County Health Department Environmental Quality Services

2500 Ft. Valley Road, Building 1
Flagstaff, AZ 86001
Tel: (928) 679-8764

GCCD

Gila County Community Development

Wastewater Dept
608 East Highway 260
Payson, AZ 85541
Tel: (928) 474-9276

Graham County Health Department

826 W. Main
Safford, AZ 85546
Tel: (928) 428-1962

Greenlee County

P.O. Box 936
Clifton, AZ 85533
Tel: (928) 865-2601

La Paz County Health Department

1112 Joshua Street, #206
Parker, AZ 85344
Tel: (928) 669-1100

Maricopa County Environmental Services

1001 N. Central, Suite 150
Phoenix, AZ 85004
Tel: (602) 506-0952

Mohave County Health Department

P.O. Box 7000
Attention: Environmental Health
Kingman, AZ 86402-7000
Tel: (928) 757-0901

PCES

Pinal County Environmental Services

P.O. Box 2517
Attention: Septic Transfer
Florence, AZ 85232-2517
Tel: (520) 866-6633

Santa Cruz County Health Department

2150 N. Congress Street
Nogales, AZ 85621
Tel: (520) 375-7900

Yavapai County Development Services

Environmental Unit
500 S. Marina St
Prescott, AZ 86303
Tel: (928) 771-3214

Yuma County Developmental Services

ATTN: Environmental Health Section
2351 W. 26th Street
Yuma, AZ 85364
Tel: (928) 817-5084



**ENGINEERING REVIEW SECTION
NOTICE OF TRANSFER OF OWNERSHIP
FOR AN ON-SITE WASTEWATER TREATMENT FACILITY**

1 Property Information (All fields are required)			
Address <u>5196 White Antelope RD</u>		County <u>Navajo</u>	
City <u>SNOWFLAKE, AZ</u> Zip <u>85937</u>		Tax Parcel No. _____	
		<input checked="" type="checkbox"/> Residential property, or <input type="checkbox"/> Non-residential property	
2 Transferor/Seller/Former Owner of Property (All fields are required)			
Name _____			
Mailing Address _____			
City _____		State _____	Zip _____
Phone No. _____		Fax _____	Email _____
3 Transferee/Buyer/New Owner of Property (All fields are required)			
Name _____			
Mailing Address _____			
City _____		State _____	Zip _____
Phone No. _____		Fax _____	Email _____
<input type="checkbox"/> Transferee/Buyer must check this box if the On-site Wastewater Treatment Facility is Exempted From Inspection An inspection is not required if both of the following conditions apply (Buyer shall check applicable boxes to affirm that these conditions are met, provide the file number and authorization date, then skip directly to Item 8 before submitting this form):			
<input type="checkbox"/> A Discharge Authorization was issued by ADEQ or its delegated county agency to operate the facility. Discharge Authorization File No.: _____ Discharge Authorization Date: _____			
<input type="checkbox"/> The facility has never been put into service before this property transfer.			
4 Inspector Information (All fields are required)			
Inspector Name <u>VANCE MUDER</u>		NAWT Inspector No. <u>79589 IC</u>	
Company Name <u>WHITE MOUNTAIN TESTING INC.</u>			
Address <u>P.O. Box 845</u>			
Phone No. <u>TAYLOR AZ 85939</u>			
928 536 2659		Fax _____	Email _____
5 Date of Facility Construction (Copy from either Item 7A or 7B of the REPORT OF INSPECTION form)			
<input checked="" type="checkbox"/> Before January 1, 2001, or <input type="checkbox"/> On or after January 1, 2001 as authorized by ADEQ or its delegated county agency			
Check # and Amount		Date Stamp	
Date Entered into OWN			
Clerk Initials			

6	Facility Type (<i>Refer to Item 7 of the REPORT OF INSPECTION form</i>) <input checked="" type="checkbox"/> Conventional septic tank/disposal system (very common—any system consisting of a septic tank that disposes effluent to trench, bed, chamber technology, or seepage pit), or <input type="checkbox"/> Alternative on-site system (not common—any system using an alternative technology for treatment or disposal)
7	Inspection Information (<i>Copy all required information from the REPORT OF INSPECTION form</i>) Date of Inspection (from Item 13 of <i>Report of Inspection</i> form): <u>5/27/14</u> Design flow of facility (from Item 6E of <i>Report of Inspection</i> form): <u>450</u> gallons per day Please indicate any file number/dates as indicated in Item 5 of <i>Report of Inspection</i> form: <input type="checkbox"/> Discharge Authorization issued on or after January 1, 2001 (Item 5B of <i>Report of Inspection</i> form): File No. _____ Date issued: _____, or <input type="checkbox"/> Approval of Construction or other permitting document issued by ADEQ or a County agency before January 1, 2001 (Item 5C of <i>Report of Inspection</i> form): File No. _____ Date issued: _____ Please indicate the number of septic tanks in use on this property: _____ Was the Septic tank(s) pumped as part of inspection (Item 8A of <i>Report of Inspection</i> form)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If the answer is No above, please indicate why the septic tank(s) were not pumped: <input type="checkbox"/> The septic tank was put into service less than 12 months before inspection, or <input type="checkbox"/> Pumping or servicing was not necessary at the time of inspection based on manufacturers written operation and maintenance instructions (applicable only to alternative technologies), or <input type="checkbox"/> No accumulation of floating or settled waste was present in the septic tank (may be applicable to certain remote or seasonal systems with little use). Were repairs made as part of the inspection (Item 12B of <i>Report of Inspection</i> form)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Form Submittal and Buyer/Transferee Advisory (<i>All information is required</i>) <input type="checkbox"/> Date of property transfer (closing date): _____ <input type="checkbox"/> Date of submittal of this <i>Notice of Transfer</i> form: _____ <input type="checkbox"/> Check this box to confirm the \$50 filing fee is being submitted with this <i>Notice of Transfer</i> form Please Select who is submitting this <i>Notice of Transfer</i> Form: <input type="checkbox"/> Buyer/Transferee, or <input type="checkbox"/> A person submitting this form on behalf of the Buyer/Transferee (Please complete the required information below) Name of Submitter: _____ Company: _____ Address: _____ Phone Number: _____ Relationship of submitter : <input type="checkbox"/> Escrow Officer/Title Company, or <input type="checkbox"/> Other (indicate): _____
9	Certification/Signature (<i>All information is required</i>) <input type="checkbox"/> I, as the Buyer/Transferee, certify that I have received a Report of Inspection from the Seller/Transferor or their representative, and that I have accurately completed this Notice of Transfer form to the best of my knowledge, or <input type="checkbox"/> I, as a person submitting this form on behalf of the Buyer/Transferee, certify that the information provided in this Notice of Transfer form is complete and accurate to the best of my knowledge. Signature: _____ Date: _____